

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED] Date Enrolled 7-19-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
5-1-17	Car Insurance (one month current and one month past due)	Past Due: \$43.26 Current premium due for May 2017: \$131.45	[REDACTED] has been an A2A client for over 9 months. She has been off work for maternity leave and for several months prior because of bedrest. She is following through on classes, appointments and all requirements of the A2A program. She will be returning to her job today but has gotten behind on paying her car insurance because she has been without an income. She needs a legal vehicle to get to work and appointments. There are no other sources to pay for this expense.
Amt to be reimbursed		\$174.71	

Authorized person requesting purchase: Janet Doss Date: 5-1-17
 Alliance for Life Program Manager: [Signature]
 Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

Statement Date: 04/25/2017

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AMERICAN FAMILY
INSURANCE GROUP

Past Due Statement

amfam.com | 1-800-MY AMFAM (692-6326)



This is your statement for the past due and current bill amounts.

PAST DUE

\$43.26

Pay By: 05/02/2017

Or be subject to
policy cancellation.

CURRENT DUE

\$131.45

Pay By: 05/21/2017

You will not receive
another statement for
this amount.PAST AND
CURRENT DUE
\$174.71

TO MAKE A PAYMENT

Call
1-866-424-8002
24 hours a day, 7 days a weekOnline
amfam.comMobile App
Download Today
myamfam.com

FOR POLICY QUESTIONS OR SERVICE

Agency
Agent: Jay Jones
Phone: (417) 881-7400
Email: jones11@amfam.comCall
1-800-MY AMFAM, (1-800-602-6326)
24 hours a day, 7 days a week

To help avoid future past due statements, ask your agent about automatic payment options.

*Please see the following page(s) for account balance and additional account information.

Detach on the perforation and return the stub with your payment.

Indicate name, address, phone number changes or comments on back.

AMERICAN FAMILY
INSURANCE GROUP709 W 600TH ST
OZARK MO 65721-8281Send to: AMERICAN FAMILY INSURANCE GROUP
MADISON WI 53777-0001

Please do not paper clip or staple your payment to the stub.

PAST DUE STATEMENT

Account Number: [REDACTED]

DUE DATE	05/02/2017
Past and Current Due	\$174.71
Pay To Be Current	
Account Balance*	\$531.00

Make payment to:
American Family Insurance
Amount Enclosed

\$.

- Copy of Original -

- Copy of Original -

Statement Date: 04/25/2017

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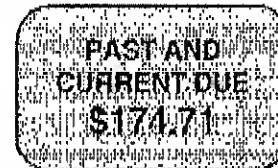
! If sufficient payment is not received, coverage in the previously billed policy(ies) listed below in the Itemized Bill Detail section will be subject to cancellation.

Itemized Bill Detail for Account Number: [REDACTED]			
Billed Item Description	Policy Term Policy Status	Previously Billed	Current Amount
[REDACTED]	03/21/2017 to 09/21/2017 Active	\$41.28	\$119.45
Account Fee(s) Previously billed fee(s) that has not been paid		\$2.00	\$0.00
Premium Installment Charge Charged for paying less than the account balance		\$0.00	\$2.00
Handling Fee Charged when a payment is not received by the due date		\$0.00	\$10.00
Totals:		\$43.28	\$131.45

If you wish to change or cancel your policy(ies), please contact your agent to avoid further charges.

Activity processed after 04/25/2017 will be reflected on your next statement.

The Account Balance shown in the Account Activity section reflects the amount due for the remainder of the policy term.



To pay now, visit amfam.com
or call 1-800-424-4002

~ Copy of Original ~

~ Copy of Original ~

Please see the following page(s) for additional account information.

Account Number: [REDACTED]

Agent Code: 006 160

Statement Date: 04/25/2017

When you provide a check for payment to American Family Insurance, you authorize us to either use information from your check to make a one-time electronic deduction (ACH debit entry) from your bank account or process the payment as a check transaction.

Please print any name, address, phone number changes or comments in the box below.

Statement Date: 04/25/2017

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AMERICAN FAMILY
INSURANCE COMPANY

Account Activity	
Account Balance as of 03/27/2017	\$206.30
• Premium Installment Charge on 04/25/2017	\$2.00
• Handling Fee Charge on 04/25/2017	\$10.00
	\$212.70
Account Balance as of 04/25/2017	\$531.00

Fee Information

Premium Installment Charge: A \$2.00 installment charge is assessed when you pay less than the full account balance. To eliminate this charge, contact your agent to sign up for automatic payments, visit www.amfam.com to enroll in Online Billing or pay the full account balance.

Handling Fee: A \$10.00 late fee is charged when your minimum due is not received by the due date.

Returned Bank Item Fee: A \$25.00 fee is charged when your bank does not honor your check or electronic payment.

Mailing Addresses

Send Payment To: American Family Insurance, Madison WI 53777-0001

Corporate Office: American Family Insurance, 6000 American Parkway, Madison WI 53783-0001

Bill Payer Service: American Family Insurance, 302 N Walbridge Ave, Madison WI 53777-0001

- Copy of Original -

- Copy of Original -